

College/Transfer Student

College/Transfer Student Anderson University Recommendation Form for Music Scholarship Auditions

Name of Candidate _____ Date _____

Name of Instrument/Voice Part _____

Check List:

1. Your Position

- Band Director Choral Director
 Orchestra Director Private Music Teacher
 Other _____

2. How many semesters of private instruction has this student had with you? _____

3. Please list the ensembles in which this student has participated:

4. Has this student participated in recitals or competitions?

- Often
 Sometimes
 Never

5. How would you rate this student's potential to major in music?

- Excellent
 Very Good
 Good
 Fair

6. In your opinion, please rate this student's ability:

- Very talented
 Talented
 Moderate ability
 Limited ability

7. Attitude and cooperation in music groups:

- Excellent
 Good
 Poor

Comments _____

Name of Evaluator _____

Address _____ City _____ State _____ ZIP _____

Signature _____

Please return this form to:

Dr. Jeffrey E. Wright, Dean
College of the Arts
Anderson University
Anderson, IN 46012-3462